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SECTION OF THE OS FEMORIS FOR ARTIFICIAL HIP-JOINT.

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[Communicated for the Boston Medical and Surgical Journal.]

BEFORE relating the case which is the principal object of this paper, I will narrate one which took place previously, and was a sort of preparation for it.

About the year 1820, the mate of a vessel, whose leg had been broken at sea, entered the Massachusetts General Hospital with a remarkable deformity of the injured limb. The tibia and fibula had been broken, and not having been restored to their natural situation the foot was everted so much as to form the segment of a circle. The internal ancle was in consequence brought to the ground, and had become ulcerated by pressure on the ground in walking. The union was perfectly firm, and the bones could not be in any way altered by mere manual force. Seeing he would be badly crippled for life unless some operation was resorted to, I exposed the tibia on the inside by a proper incision, and with a small hand-saw cut out a piece of this bone of a wedge-like form. The fibula still retaining the limb in its distorted position, I broke this bone by manual force, brought the sawn ends of the tibia into contact, and applied splints and bandages. The patient was well in a month. The two limbs were of the same length, the power of locomotion on the feet perfect, and the limping very slight.

In 1827 a remarkable operation was executed by the distinguished surgeon, Dr. Barton, of Philadelphia, for the formation of an artificial joint in a case of ankylosed hip. The successful issue of this and other cases led me to perform the operation which is to be described here.

John Scannell, 32 years old, married, and who had been domestic in the families of Hon. Robert C. Winthrop and of Mrs. Sayles, while living with the latter, in Tremont st., was called on in February, 1848, to shovel a large quantity of snow from the house yard. He was at that time in perfect health. On the following day he was attacked with intense pains in the pelvis and loins—extending thence into the back. Dr. Holmes being called, made many applications to the seat of pain, and also bled him. These

and other measures failing to give relief, Dr. H. held a consultation with Dr. Bigelow, and afterwards with Dr. James Jackson and Dr. J. Mason Warren.

No relief being obtained, he was admitted to the Massachusetts General Hospital in March, and soon after came under my care. He was then emaciated, in a hectic condition, suffering intense pain, so as to require on the first night of his admission to the Hospital a grain and a half of the sulphate of morphine to produce quiet. This pain was in the back, thence extending into the lower extremities, and was of a neuralgic character, i. e., it passed in the courses of the great nerves from the hips to the toes. The slightest touch being insupportable, it was impossible to examine the back, and with difficulty the limbs.

Notwithstanding the use of air-pillows, air-beds, and water-beds, the sacrum became extensively ulcerated, and also the posterior part of the heels. On May 26th the left lower limb was found to have become inverted; the left foot pressed on the inner edge of the right, and he could not raise, or to any extent move the limb himself. The stomach and digestive organs were disturbed, with frequent vomiting, obstinate constipation, flatulence, local pains in the abdomen, requiring from time to time great quantities of opiates. At length, the pains subsiding, he was taken out of bed, at which time the weight of the body could not be supported on the limbs. As he recovered his strength and disposition to move, it was obvious that the left hip-joint was dislocated and ankylosed. No violence having occurred at any period of his attack, this dislocation was not understood. The other hip and the knee being stiff also, it was thought the stiffness of both might arise from muscular contraction. In consequence of this opinion, on the 28th of August, the patient being put under the influence of ether, the joints of the lower limbs were forcibly flexed and extended. The left hip was found to be immovable, and the left lower extremity so much distorted as materially to interfere with his walking. The right hip-joint had a very limited degree of motion. The right knee could be bent, but with difficulty.

However, he gradually acquired the power of walking, and about five months after his entrance he walked, with the aid of an attendant, into the Hospital grounds for the first time. Then it more clearly appeared, that the left foot pressed on the inside of the right, and interfered with and galled the inner side of the other limb, as before mentioned. On examination, the phenomena of a dislocation were satisfactorily made out, and a consultation being held, it was agreed that measures should be adopted for the reduction of the dislocation. He was accordingly put under the influence of ether, and the pullies applied transversely and longitudinally with great care and attention for half an hour, without accomplishing the reduction of the limb, or any change in its direction or position. At a subsequent period another effort was made at reduction, with no better success.

As the patient had now been in the Hospital over a year, his dislocated limb not improving, and as great inconvenience was experienced from its interfering with the other, I proposed to saw the limb through the trochanter, and attempt to restore it to its natural position. This operation was accordingly performed on March 17th, 1849. An incision six inches long was made in the direction of the limb behind the trochanter, and this was crossed by a transverse incision of three inches. The muscles were then dissected from the bone, and a saw applied about the size and form of an amputating knife. By this the bone was readily divided an inch and a half below the apex of the trochanter major, and the limb being seized was everted and brought to its natural relations. The whole operation required not far from ten minutes, and was painless, the patient being under the influence of ether. About six ounces of blood only were lost. The wound was dressed simply, and after the patient was removed to his bed the limb was a little flexed and supported in its natural position without splints or any apparatus. The consecutive symptoms were not very severe; he had some fever, but the wound healed without difficulty, and he soon recovered his strength.

The tendency to stiffening in the articulations of the lower extremities continued to be remarkable, especially in the right hip-joint and knee. It became necessary to attempt to restore the use of these articulations and prevent a permanent ankylosis. On October 18th, 1849, therefore, the patient being under the influence of chloric ether, and the pelvis firmly held by assistants, the left knee was forcibly bent, when the adhesions gave way. The whole limb was then flexed, extended and rotated at the false joint, performing all the motions peculiar to the hip, with a moderate application of force. Attention was then directed to the right limb, the knee of which was flexed and extended. But all attempts at motion of the right hip-joint were for some time fruitless; at length, the efforts being continued, the contractions gave way with a loud crack. About seventeen minutes were required in the operation, during which he was kept under the influence of ether.

From this time his walking gradually improved, and his health became good, with the exception of pains in the lower part of the back, which have never quitted him.

REMARKS.—Scannell was occasionally employed in my family, so that we knew his history. He is about six feet high, not fat, but a muscular man, very active, industrious, and no drinker of ardent spirits. When I called to see him, March 14th, 1855, in a heavy storm of rain, snow and wind, he was out, but being sent for came home on foot in a very short time, though obliged to use a crutch and a cane. He was glad to see me, and willingly submitted to my examination.

The perfectly erect position he could not assume. He arose from his chair with difficulty, and inclined a little forwards. His right hip-joint was very stiff; he could move it not more than six

or eight degrees; the right knee and ankle were perfect in their motions. The left limb, that operated on, being moved produced a similar feeling to the patient as motion in the joint to a small extent; it had about the same degree of motion apparently as the right; but both appeared very stiff, and their motion readily affected the pelvis, so that it was impossible to determine whether there was distinct movement in either. The left thigh was plump and round, and measured in circumference two inches more than the right, that of the latter being $19\frac{1}{2}$ inches. The left, or limb operated on, was half an inch longer than the other; the trochanter half an inch lower, and about that space behind its natural situation. The thigh on the forepart, at the groin, appeared slightly excavated and broader than natural, while the left natis to the eye and by actual measurement was half an inch narrower than the right. The foot occupied its natural direction, and was not turned outwards nor inwards.

When I applied my strength to move the lower extremity, he felt the motion in the new articulation, and always feels it when he moves himself; but on increasing the force the pelvis was moved. The same occurred on the right side. The leg of the extremity operated on appeared very muscular and firm when he stood. He said he had no pain, or uneasiness in any of these movements, nor had he now pain at any time in any part of the lower extremities. It is now a little more than seven years since the attack, and he has never been free from pain in the back. This pain is about the junction of the sacrum with the os coccygis, but there is no sensibility on pressure. I asked what, in his opinion, was the cause of the dislocation; he said he thought it took place entirely independent of any external violence, from a spasm of rheumatic pain.

A review of this case presents an obscurity in some points of diagnosis. We may conclude, however, that the primary attack was an inflammation of the spinal membranes; that the nerves of the lower extremities were affected in consequence, and the contraction of the limbs thence followed; that the dislocation was a consequence of spasmodic action of the muscles; that the continuance of the pains and stiffness of the limbs was and is rheumatic, and that this rheumatic disposition operates on the artificial joint, as well as others, and circumscribes the power of motion. I made a very careful examination by pressure with the fingers in order to ascertain whether there was any osseous protuberance about the joint, arising either from want of coaptation of the sawn bones or exuberant osseous effusion, but could discover neither. The parts appeared to be in a fair and natural state, so that if he should overcome the rheumatic tendency he may ultimately be able to walk without stiffness.

Boston, May, 1855.

ON THE CONTAGIOUSNESS OF PUERPERAL FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I am glad of your late contributions concerning the nature of puerperal fever. More than forty years ago I heard Dr. Haighton lecture on midwifery, and distinctly remember his remarks on the nature of this fever. Having fairly stated the very opposite opinions entertained about it, he ended by saying, that whichever opinion was adopted, whether it was regarded as contagious or not, he thought it the duty of every physician so to act, as to make it impossible for him to be the means of communicating so dangerous and so fatal a disease. Very early, I became satisfied that the inflammation accompanying this fever was erysipelatous in its nature. The history of it in foreign hospitals, and observations at home, led distinctly to this conclusion. These diseases exist together. It is a curious fact, that in our weekly report of diseases we have almost always puerperal fever and erysipelas standing in immediate connection with each other. I have been so satisfied of the intimate relation of these diseases, that when I have both under my care, I endeavor so to arrange my visits, as to diminish, as far as possible, the chances of their intercommunication. Look at the early reports of foreign hospitals—of London and of Paris—in which this fever has existed, and see how common it was to have erysipelas in the surgical wards, and puerperal fever in others. Several years ago, some cases of puerperal fever occurred in my practice, some of which were fatal. I could not learn that it had been met with by other physicians. One of my cases was in the Massachusetts General Hospital; but I have no recollection that erysipelas was there at the same time, nor do I remember if this was the first of my cases. I did remember Gordon's facts, bearing on the question of contagion, in his history of the Aberdeen puerperal epidemic, and how conclusive were those facts, concerning its contagious nature.

There are some facts in regard to our subject which seem to me worthy of consideration. My own cases were quite alone. I knew of no others. The disease had its most unequivocal characteristics. In the cases of my friend, the late Dr. Peirson of Salem, which were in much larger number than mine, the same fact, I think, of insulation existed. Some years ago, several cases of fatal puerperal fever occurred in the practice of the late Dr. ——. I was called to see the last one. This was the case of a lady who lived remote from and had no intercourse whatever with his other cases, or with their nurses. Dr. ——— said his first case was rapidly fatal. He made an examination after death, and discovered the signs of the disease in an exaggerated form. The next patient he visited detained him a good while, and he slept for some hours on the foot of the bed. The labor terminated happily, but in a day or two Mrs. ——— was seized with puerperal fever, and died. Mrs. ———'s case, to which I had been called, was so severe,

and Dr. ———'s experience of the disease was so striking—all his patients having died—while in the practice of other physicians in ——— not a case had occurred—that I suggested that Dr. Jackson should be joined to the consultation. This was done at once. Upon a very careful review of all the cases which had occurred to Dr. ———, it was recommended to him to withdraw from midwifery practice for a time, and to be sure of his doing so, knowing how difficult it is for one to do this while remaining at home, we advised him to leave home for several weeks. Anxiety and fatigue had impaired his health, and on his own account, a journey seemed demanded. He went away immediately after the death of Mrs. ———, and resumed his practice on his return without any untoward result. He told us that he had taken every precaution to prevent his communicating the disease, by ablution, fumigation, new clothes, but without any good result.

My friend Dr. ———, of Boston, asked me several years ago to see with him a case of puerperal fever. I did so, and saw also others with him. He told me that he had recently had in his practice several cases of puerperal fever, and that the disease had been very fatal. No other cases existed in Boston at the time, and I have no recollection of any cases of erysipelas. His cases extended from Snow-Hill street in Boston to the centre of Roxbury, three or four miles from each other. I have never seen cases so malignant as were some of these. A young lady was safely delivered of her first child. For two days she was well. She was then seized with puerperal fever, which soon passed into its most fatal form. She was enormously swollen. The stomach at first rejected everything swallowed, and soon began to throw up a black, coffee-ground colored liquid, in large quantities. At length scarce any effort was necessary, for it flowed almost in a continuous stream from her mouth. The utmost care and vigilance could not prevent its finding its way over the face, neck and breast. The contrast between this fluid and her transparent, white skin, which had scarcely lost its natural color—so short a time had elapsed since the invasion of the fever—was striking beyond description. The color of the matter vomited exactly resembled that of black vomit. Spasms followed, with lock-jaw, which soon terminated a suffering unequalled in my observation of disease and death. The question arose, what Dr. ——— had best do in the present disastrous condition of his practice. He had done what he could to prevent communicating the disease, but his precautions had signally failed. I advised him to leave town immediately, and to remain away for several weeks, and agreed to attend any of his patients who might desire my aid. He left town, and was gone several weeks. I attended his patients, and attended my own, but neither in his practice nor my own did a case of "peritoneal fever" occur.

Gooch reports an instance of, so to speak, *personal* puerperal fever (by which I mean, an epidemic strictly confined to the pa-

tients and practice of one physician), which instance is as important and of as much interest as is any one in the records of this disease. Let me briefly notice other matters in his admirable essay on "Peritoneal Fevers."* For instance, their greater prevalence in some seasons than others; their outbreaks in lying-in hospitals, of which no cause can be assigned, altering the whole condition of patients, spreading death everywhere, and where no disease whatever pre-existed. Then the danger of the disease being greatest when most prevalent; its subsidence and disappearance. Gooch does not refer to the popular belief that fevers are periodical in their returns, the periods being seven years. He says—"The disease has occurred in some wards of a hospital, the others being free from it; and after ventilating, cleansing and painting these wards, they became as healthy as the others. Facts such as these have long led to the suspicion that the disease might be communicated from one lying-in woman to another, in the clothes of the practitioner or nurse, or the furniture of a tainted chamber."

A story is told of Dr. Wm. Hunter, which has a close bearing on our subject. A physician from the country called on him, and said a very fatal puerperal fever had occurred in his practice, and asked his advice about the treatment. He suggested one thing, then another, and a third; but these had been all tried. "Go home, then," said Hunter, "and burn your clothes." A stranger called on Dr. H. some years after, and asked him if he did not know him. "No," said the doctor. "I am the man who called on you about puerperal fever, and you told me to go home and burn my clothes." "And did you?" "Yes." "What happened?" "I had no more puerperal fever." I own a very fine copy of Hunter's Lectures, in manuscript, of 1779. I do not find the above story in the lectures on puerperal fever in my copy; but there is internal evidence of its truth, and I must have met with it in some work deserving credit, or I should hardly have referred to it for many years after.

What is puerperal fever; or, as Gooch designates the disease, what are "peritoneal fevers," in their nature? To which form of inflammation are they most nearly allied? Lowder, who lectured on midwifery in London at the close of the last century, thought the inflammation was erysipelatous, and the fever typhoid. The relation between erysipelas and puerperal fever has already been referred to. They exist together in hospitals in which are surgical, medical and midwifery wards. This relation is further shown by our weekly reports of death; puerperal fever and erysipelas being placed in the nearest juxtaposition. Baillie, as we are told, in Watts's life of him, taught that the womb, after the

* Gooch's is an old work, having been printed as early as 1829, and I know how intolerant "Young America" is of everything older than yesterday; but had I such relations with my profession as to believe that my recommendation of any writings as deserving the careful study of students and practisers of midwifery and its associated sciences, would avail anything, I know of few I could name which have better claims than Gooch's to their attention.

separation of the placenta, was a *wounded* organ. This condition may be a cause of the weight of the disease falling upon tissues bordering upon, and continuous with, the uterine; and it offers, besides, some explanation of the erysipelatous character—the fatal character, too—of this, or these, fevers. The erysipelatous character of the inflammation gets further support by its occasional successful treatment by means which are the most useful in erysipelas. Thus, the sulphate of quinine has been very successfully used in it. I heard a report, by Dr. C. E. Buckingham, of cases of puerperal fever which occurred in one of our public charities, which were very fatal under the treatment by bleeding and alteratives, but which were quite manageable under quinine. It was observed in the endemic (for it was limited to the institution in which it occurred) that cases treated from the start with quinine, did much, and sooner, better than when a preliminary bleeding had been practised. But, it will be said, the most fatal puerperal epidemics have happened which could not be traced to any direct erysipelatous complication or agency. Thus, they have appeared in one or more wards of a lying-in hospital, while others have been entirely free from the disease. The highly intelligent resident physician to the Vienna Hospital, Dr. Braun, in which puerperal fever almost constantly prevails, told me, while I was visiting with him and Dr. Arneth the midwifery wards of that institution, that, contrary to what might be supposed, the fever was the least frequently met with in wards in which ventilation, cleanliness and separation were the least attended to, showing an independence on atmospheric conditions which would hardly have been suspected. The remark grew out of some statements of an entirely opposite character, which I had recently met with in the Copenhagen Midwifery Hospital, from the resident physician, Dr. Lever, or Levey, to whom, as to Drs. Braun and Arneth, I was indebted for kindness and attentions which I shall never forget, or cease to be grateful for. Puerperal fever had for years been very destructive to life in the Copenhagen Hospital. It was determined by the Government that no means should be spared which promised to diminish or entirely prevent such terrible mortality. These means which were stated, and showed to me in the minutest detail, were brought into the fullest use without the least regard to expense, and had proved entirely successful. I never was so much struck with the popular blessing and advantage of a wise and liberal exercise of power; such a power as was not to be questioned, whatever might be the conditions of its fullest exercise. Private benevolence can hardly avail itself of such means. You saw that the poorest woman in the Copenhagen Hospital was privileged beyond the richest, and apparently the more favored inhabitant of that great city. Few passages of my life are looked back upon with more pleasure than was my visit to that beautiful charity. As in all true philosophy, how simple were the means, how few and obvious the causes, and how perfect the success!

I am led to offer you, Messrs. Editors, this paper, because of one subject in the history of puerperal fever, namely, its origin—the cause from which it proceeds—its elements. A physician living in the healthy country, in pure air, and in the very finest season of the year—a physician living amidst the smallest chances of fatal accident in a large practice, attends a case of perfectly natural labor. It ends altogether favorably. He makes his visit next day, almost as a matter of course, and finds his patient doing well. He is called next morning, and finds her very ill. He learns from the nurse that she was seized, an hour or more ago, with chills; she then became hot, and now was suffering from severe pain in the abdomen. He examines his patient, and finds the pulse 120 or more; skin hot, to pungency; the abdomen swollen, tender on pressure; with hurried breathing, anxious countenance—the sure signs of puerperal fever. Attempts are at once made to check the disease in its earliest moments. These fail, and the patient, on or about the fifth day, dies. The physician examines the body, and finds abundant evidence and proof of his diagnosis. In a few days he attends another woman in labor; she sickens and dies, as did the first. Others happen like these. The physician now leaves home, is absent some weeks, returns, and attends to his midwifery engagements, and is as successful as he has been through a long practice, with the single exception of that *first case*, which was followed by so many exactly its counterparts. More, he calls on his neighbor brethren, and inquires what has been their observation of the puerperal state. They one and all tell him there has not been a single case of puerperal fever in their practice before he left, during his absence, or now. Whence the *FIRST CASE*? It has in it the whole history of a contagious disease. The evidence is complete, not a link wanting. A contagious disease is a specific disease, depending for its existence on a specific cause, which is nothing else, and can be nothing else than itself. It cannot be atmospheric, or what Sydenham calls the “constitution of the year.” Its attack is sudden; it *strikes* when it comes. Every history I have consulted shows in every word it utters concerning puerperal fever, that it is of its own kind; sometimes discovering remarkable coincidences, as erysipelas, at others occurring without any incidental dependences whatever, declaring itself and its terrible power alone. Whence the *FIRST CASE*? You can stop it, at least in some of its forms—that, for instance, in which the agency of the individual seems so direct in its continuance and extension, the extension to his own cases.

But, we are told, it is over a city, a village; every physician has his one or more cases, generally the latter. If thus extensively epidemic, its mode of communication can hardly be as wisely ascribed to nurses or physicians, as in its insulated invasions. Every case in this last is as a *first case*; at least, so far as this, that it is the cause of its next, or second; and so in the direct relation of cause and effect, they come not only to be producer and produced, but agents

in a continuous reproduction. What the facts are on this point, I am not prepared to say. We only know that the first case, to him who has all which occur in a village, town, or city, is a fact which has not been explained; the explanation of which might essentially aid in the solution of similar questions. But the disease may be removed, it was said. Yes, just as may erysipelas, that "leprosy of the wall" of the old Hebrews, by removing the residents from the hospital or the house, by exposing these to the air more thoroughly, and for a long time; by whitewashing walls and ceilings, and by painting every other surface. By air and by water, we may here work wonders. Insulation, we are told, prevents the entrance, and so the extension, of the plague; so must it puerperal fever. How abundant the evidence that this fever may be at once stopped in its insulated invasions by the physicians and nurses leaving home, and alone, after the first case is over; or refusing midwifery engagements for a month or more! In its wider, truly epidemic visitations, this course might not be practicable; still, as far as it is practicable, every means should be used to make its limits as narrow as possible.

I have asked whence the *first case*, in that strange invasion and continuance of the disease, in which it is confined to the practice of one physician? Whence the *first case*, when the disease confines itself to a single ward in a hospital, leaving all the others free and healthful? And I might ask why the immunity of the great Copenhagen Hospital, in which this fever was once so destructive? I answer, we know not. We know no more of the ordinary epidemic forms under which the disease occurs. The first case is as great a mystery in this, and the last one an equal mystery as the first.

These facts, it may be, have led men of fair minds, and of large observation, to question the contagiousness of this fever; and their own practice may confirm to them this denial of a specific contagion. But to those who have looked on both sides of the shield, who have felt the value in all philosophy and facts of the *audi alteram partem*, and who have personally learned, yes, from their own immediate agency, that they may have been, nay, certainly have been, the direct agents in the communication of so fatal a malady—to such, cases like that of Gooch, in which the physician after long absence returns to his midwifery practice, and loses his very first patient, are not mere coincidences. To such, the hospital experiences and exemptions alluded to, have not power for a moment to divert them from the truths which their own sure experiences teach. They look facts in the face. Their own facts are forever before them, and out of these come lessons too eloquent, too authoritative for them ever to resist or gainsay. Most kindly, in the spirit of true friendship, that which binds sciences and their votaries in one and the same object, which consecrates them all to the great work of humanity—in this spirit, this subject is commended to those who have no personal observation, no experience of the fatal ten-

dency of puerperal fever to communicate itself through and by those who are professionally engaged in its service; in the earnest hope that they will never seek to diminish the sense of that responsibility, of that duty, which demands of the whole profession, at whatever sacrifice it may be required, to be ready to do all in its power to prevent the communication of so fatal a malady.

WALTER CHANNING.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

FEBRUARY 26th.—*Peculiar Form of Spina Bifida.* Dr. J. B. S. JACKSON presented for the Society's cabinet, and in the name of Dr. E. D. G. PALMER, a cast of the tumor which was taken by an Italian artist when the subject of the case was seven months old. The child is now $2\frac{1}{2}$ years old, and a fine, healthy little girl.

The tumor is situated over the sacrum, extending somewhat over the hips, and is nearly or quite half as large as the fist; ill-defined, and fleshy to the feel, like a fatty tumor. The integument is continued over it, and is perfectly healthy, excepting at one part, where a little tumor, nearly the size of a nutmeg, and tolerably defined, rises above the surface, and forms a very striking object; it is of a bright red color, and has an excoriated, soft, fluctuating aspect as if the spinal membranes might be protruding there, though to the feel it has quite a fleshy consistence. It is evident, however, that the proper cutis is not continued over it. This little tumor has always appeared as it does now, and there has never been any discharge from it. At another part, also, there is a form of naevus of the skin; a faintly-discolored, dull-red patch. The tumor at birth was larger than a goose egg, and it has grown with the child's growth.

From the time that the child was able to creep it has never been able to move the toes nor the feet; and there has always been a partial incontinence of the urine and feces. The legs, however, can be freely flexed and extended; and the child now goes about the room, by taking hold of chairs and other objects. In consequence of this freedom of motion both ankle-joints have become relaxed, so that the child, when erect, stands upon the ends of the tibiae, with the soles of the feet turned directly outward: at other times, however, the position of the feet is perfectly natural, and there is as yet no excoriation nor callosity. The feet are always disposed to be cold and sublivid; condition of the sensibility not satisfactorily ascertained.

The general health, as above stated, has always been perfectly good, though the child has been subject to chronic abscesses about the hips and thighs.

Dr. J. has recently examined the child with Dr. P., who had been induced to present the cast in consequence of the publication by the Society of similar cases in a late number of the Boston Medical and Surgical Journal (February 22d).

FEB. 26th.—*Dislocation of the Crystalline Lens, resulting from a blow on the eye received some time previously.* Reported by Dr. WILLIAMS. The patient, a gentleman of middle age, was struck in the right eye by a piece of wood about four weeks since. The upper lid was slightly wounded, but

no apparent injury was sustained by the eyeball. Though he became faint, from the severe pain caused by the blow, no other consequences seemed to follow the accident than an inflammation of the conjunctiva, which was readily subdued by his physician. Some two weeks before he was seen by Dr. W., he suddenly lost the sight of this eye, and, since that time, has been much embarrassed in walking or looking at objects, unless the eye were covered, so as not to confuse the vision of the other. On stooping forward, or when lying on his back, vision is restored, but, on assuming an upright position, he instantly loses all distinct perception of objects with this eye, when his head is raised to a certain point. The iris is tremulous, as if the lens had been dislodged from behind it. Requesting him to stoop forward, and then raise his head very carefully, Dr. W. was able to detect the lens, which regained nearly its normal situation while he was in the stooping posture. As the head was elevated, and simultaneously with the declaration from the patient of sudden loss of sight, the lens was seen to fall backward and disappear behind the lower part of the iris. It seemed to have become slightly cloudy, but not enough so to interfere in any great degree with the transmission of light.

By the aid of cataract glasses for this eye, the patient can see distinctly and without confusion, and can read the finest print. But his head must be kept in an erect position, otherwise the replacement of the crystalline lens renders his glasses unserviceable.

FEBRUARY 26th. *Malformation.*—Reported by Dr. COTTING. The patient was a child, and presented the following malformations. The lower jaw falling within and behind the upper—its arch having at least three fourths of an inch less radius than that of the upper. The chin flattened and depressed. Mouth of normal size. The hard palate completely fissured. No trace of the uvula to be seen, nor of soft palate, except at its pillars, the anterior of which were very diminutive. The tonsils were remarkably prominent and seemed to fill the whole isthmus of the fauces, except below, where they separated and left a small opening through which the tongue disappeared (or was swallowed) at every inspiration. The tongue was of natural size—and occupied the usual place, when thrown forward by the expiration, but at each inspiration it retreated into the pharynx and was lost to sight. The respiration was greatly embarrassed by this condition and mobility of the tongue. Nevertheless, swallowing of fluids was accomplished without much difficulty.

In other respects the child was well formed, but feeble; it was born at full time.

Dr. C. saw the child on the *third* day after its birth. It was then exhausted, purple, nearly asphyxiated, and died in a few hours. No autopsy, not even permission to see the body, was allowed.

The mother stated that when pregnant, and three or four months gone, she punished one of her children *very* severely—so that he cried excessively, strangled, choked, grew black in the face, and remained in a bad way all the night following. She became very much alarmed, and grieved for the wrong she had done. She felt sure that the next child would be marked, in consequence of the wretched looks of the punished one, which haunted her. On the first cries of the infant, she said they resembled those of the punished boy, and wished the child examined to ascertain if all was right. She fully believes that the malformation was caused by the occurrence above stated.

FEBRUARY 26th. *Extensive Injury following Congelation of the Knee,*

while Coasting. Reported by Dr. CABOT.—A slender boy, 15 or 16 years of age, who had been previously in very fair health, notwithstanding his delicate appearance, after coasting for a long time on the coldest day of the past winter, was found to have frozen the parts about the left knee. He had not felt the slightest pain until after reaching home; but by 12 o'clock at night, pain was so violent as wholly to prevent sleep. Inflammation pervaded a space of five inches in diameter, the patella being the centre of measurement. The trouble increased, and twelve days after the accident he entered the Massachusetts General Hospital. There was, at the time of his admission, a slough five inches in diameter, of nearly circular shape and detached throughout most of its circumference. This became gradually removed, exposing the joint and showing the whole anterior face of the bones—the patella hanging by its ligament, at the inside of the opening; the tendon of the rectus muscle destroyed. When he came into the Hospital his pulse could hardly be perceived; appetite and strength were nearly gone. *Treatment* :—Stimulants, opiates, tonics, hot poultices, yeast poultices.

April 24th, 1855.—Patient is now improving, but feeble; surface of injured parts granulating finely; limb drawn backward; joint rather painful; occasional cramps in the muscles of leg and foot.

FEBRUARY 26th. *Empyema* :—*Operation of Paracentesis Thoracis.*—Dr. BOWDITCH referred to the case of the lady whose chest he had punctured several times, and of which he had previously given a brief account to the Society, in connection with Dr. Atlee's case (*Extracts*, Vol. II., p. 152. *Amer. Jour. Med. Sciences*, January, 1855). On the 8th of December last, a small abscess, near the edge of the ribs of the left side, was punctured with a lancet by Dr. Hurd. A quantity of pus was discharged from the thorax, and a fistulous opening remained, the discharge from which kept the patient constantly moistened. She improved daily, for some time; whenever the discharge diminished, a cough commenced, and, about the 6th of January, it became very violent. At this time another abscess began to declare itself, by pain, &c., between the 2d and 3d ribs, in front—and on the 13th of January it was quite prominent, soft, red, fluctuating and very superficial over a space of one inch and a half in length, by three fourths of an inch in width. The respiratory murmur was gone, and perfect flatness on percussion existed below the site of the abscess. It was evident that the lower fistula failed to discharge the fluid, and that a new opening was being prepared by nature. The cough was very constant and severe. Pulse 116; there were night sweats. Digestion was good; the patient was not confined to her bed, but still superintended, though with difficulty, most of her household duties. At this period, a large trocar was introduced between the 9th and 10th ribs; pus instantly spouted from the canula. One half an ounce of liquor iodini compositus (United States Dispensatory) was injected, with warm water. The canula was plugged, and directions given to have it opened twice daily. Nutritious diet was ordered; opiates, also, if needed; injections two or three times a week. From this time until January 28th, the patient improved very much; the cough almost wholly left her, and all the unpleasant symptoms subsided. The canula caused little actual trouble. On the 28th, cough began to be again violent and there was severe pain in the *right* side, accompanied by a distinct rubbing-sound. Pulse 120; chills, heat, sweats.

All these symptoms, however, gradually subsided under sinapisms, opiates, and the continued use of fusel oil, which had been previously ad-

ministered. The rubbing-sound continued, and was heard on the 10th of February. Meanwhile the injections had been continued, and the left lung was evidently improving, as proved by the slowly-developing respiratory murmur, and the return of the heart to its normal position. On the 10th, the patient felt some pain from the canula during cough, and, on the 12th, Dr. B. removed it and introduced one of half the size and length (one inch and a quarter long, diameter of the tube one eighth of an inch). On the 16th (February) this was coughed out during a severe paroxysm, and no discharge occurred from the opening subsequently. The patient improved daily, and at the present time is quite comfortable. She is regaining her flesh, coughs scarcely at all; the respiration is feeble in the left chest, but there is no rale anywhere; she attends to all necessary household duties; there is little or no distortion of the side, and the point of puncture has simply a scab covering it. No puckering of the adjacent skin, such as is usually seen around an old fistulous opening.*

Dr. J. B. S. JACKSON remarked the analogy between these cases and diseased joints, in the use of the remedial measure. He inquired if puncture should be made in cases where pneumo-thorax existed?

Dr. Bowditch h. d lately done this with great relief.

Dr. JACKSON spoke of the attainment of a degree of recovery from pneumo-thorax, which enabled the patient to attend to business. Such cases may have been those of an early stage of tuberculous affection.

Dr. MINOT thought it possible that error of diagnosis might sometimes occur in these cases of pneumo-thorax, there being metallic tinkling, without perforation. He referred to cases reported in the "*Archives Générales de Médecine*," and to a case observed in Cambridge, in which the above sign was remarked, but the patient is now well. There might have been pleurisy without perforation, and perhaps there was no tuberculous disease.

Dr. C. E. WARE said that in a case of pneumo-thorax, observed by him, there were tympanitic sound on percussion and also gurgling, at the apex of one lung; no perforation existed; gas, eliminated into a cavity at the said summit partially filled with pus, had caused the phenomena.

Dr. SHATTUCK mentioned recovery from tuberculous pneumo-thorax. The patient was a mason, who lived for three years after the attack, and died of another disease.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 17, 1855.

THE AMERICAN MEDICAL ASSOCIATION.

THE session of this body, which has just closed, while it was characterized by the most unbroken harmony in all its proceedings, and by the great value and importance of the scientific communications made, was also, we will venture to affirm, unsurpassed by any yet holden, in the number and variety of the objects of interest exhibited to the members of the Association, and in the generous hospitality shown them during the whole of their stay in the beautiful city of Philadelphia.

* March 10th.—Patient continues in nearly the same state; is able to attend to most of her duties.

We have already alluded, in a somewhat desultory manner, to the business proceedings of the session—and gratefully remembering the numerous attentions shown, and the hearty welcome every where extended, we wish to put a few recollections upon record. To the “Committee of Arrangement” the thanks of the Association are eminently due, for the complete and efficient discharge of their multiform and onerous duties. So quietly and smoothly did everything move on, that while we were well aware how much time and attention this management must have required, we daily admired the tact and good judgment which so unostentatiously, yet so thoroughly, directed the whole. Dr. Hays, the Chairman of the Committee, was certainly never *more* successful in any of his undertakings, and this, as every one will allow, while it is saying a great deal, expresses not one whit too much. We would particularly notice the great utility of the handsomely-prepared volume, a copy of which was presented to each member of the Association who duly registered his name. This little book contains the names of the Officers of the Association; of the Committees who were to report; the “code of ethics” of the Association; short accounts of places of interest to be visited; a map of Philadelphia, &c. &c. A publication of this sort is almost indispensable at such a time.

The delegations from the several States (twenty-six States being represented), were very full; five hundred and twenty-three, we believe, is the entire number of registered names. The members who so inclined were conveyed in commodious coaches, sixteen in number, to visit Girard College and Fairmount Water Works. At the College they were kindly received by President Allen, who conducted them over the magnificent and completely appointed building—the boys, in two or three of the school-rooms, being kept sitting for a while, that the visitors might pass through and inspect them. Every one must have been impressed by their neat, orderly and contented appearance. Great credit is due to the managers of this Institution and to its officers generally. Not the least pleasant part of this visit was the ascent of the members, *en masse*, to the roof of the building, whence a most imposing and extensive view of the city and its environs is obtained. The solidity of the building, and its faithful and costly construction, are worthy of special note. It is well known that the *roof*, even, is of stone, and of immense strength and weight. We remarked but one individual who hesitated to ascend, and he, indeed, retired, seemingly apprehensive that the additional weight of the visitors might be too much for the supports of the roof! We are happy to state that the latter did *not* fall in! The medical wisdom of the land escaped entombment beneath *that* marble!—We were sorry to observe that some person or persons had entertained the erroneous idea and carried it into practice, that *tobacco-juice* is ornamental to clean, white marble steps.

Several other excursions were made, with universal satisfaction;—to the Philadelphia Hospital, an immense establishment, comprising within its walls a lunatic hospital, admirably managed; paupers are the chief inmates of this institution; the area covered by it, is, we were told by the gentlemanly and efficient resident physician, Dr. Campbell, *sixteen acres*. The amount of labor done by Dr. C. and his assistants must be very large, and, so far as we could observe, nothing was neglected.

The reception of the Association in Independence Hall was exceedingly gratifying. To visit this famous spot, in itself alone, is no slight privilege; to be eloquently greeted, and made to feel “*at home*” in it, is much more. We are happy to know that the beautiful Address of his Honor, Mayor

Conrad, is already printed, in conjunction with the appropriate presentation speech of Dr. Hays, and that they both will be incorporated in the next volume of "Transactions."

We refer with great pleasure to the various elegant and delightful entertainments offered to the Association by several of the physicians of Philadelphia, some of whose houses were thrown open every evening, and a hearty welcome given to all the invited guests. When the numbers of the Association are remembered, the extent of this noble hospitality may be, in a degree, estimated. Not only was the outer man most sumptuously provided for, but the lovers of the fine arts and of scientific rarities were gratified to the full. The very valuable conservatory of Dr. George B. Wood, President of the Association, was lighted for the inspection of visitors, with the gardener in attendance. This rare collection is chiefly composed of medicinal plants, and was gathered, as we learn, by its owner for the purpose of illustrating his lectures. Drs. Wood, Bache, Hodge, Jackson, Pancoast, Norris, Paul, Alfred Stillé and Hartshorne, sent cards of invitation to the members of the Association, who gladly accepted, and seemed to have attained the *ne plus ultra* of enjoyment at each of their entertainers' houses. We are happy to add that we observed no very marked infringement of that propriety which should ever accompany the gentleman, even in the hilarity of a large assembly not under the eye of ladies. We must admit that certain individuals, in one or two instances, seemed somewhat forgetful of what they owed to their hosts and to themselves;—and this, while from motives of high courtesy it was apparently unobserved by the former, was all the more worthy of reprehension. For ourselves, we are heartily glad that no public entertainment was given to the assembled guests, for, aside from the enormous and unjustifiable expense incurred, and which, of itself, would finally defeat the objects, and virtually annul the meetings, of the Association, it would be disgraceful to have a renewal of certain scenes that have transpired. We hope, therefore, that the example of our Philadelphia brethren will be followed hereafter. A more generous, elegant and appropriate hospitality we have never witnessed.

The Association may consider itself most highly complimented by the cordial reception given to them by Mr. Lea, of Philadelphia. Having an ample fortune at his command, he has indulged an exquisite taste, by the accumulation of a large number of exceedingly valuable paintings and other works of art, and these are admirably arranged in his really magnificent mansion. We can say with truth, that it is worth a journey to Philadelphia merely to see these treasures. When, in addition, all that a courteous gentleman could devise, to please his visitors, is done, we cannot too gratefully express our acknowledgments. Mr. Lea was assisted in doing the honors of his house, by his son (of the well-known firm of Blanchard & Lea), to whom our thanks are especially due for very pleasant attentions. Upon so agreeable a theme, we might fill a far larger space than we can command. Many gentlemen (ourselves among the number), can testify to the polite invitations to private tables and to the delightful intercourse of family circles. Under such *treatment* we prognosticate a decided proclivity on the part of all present, to fall into the same way again! And we make no doubt that our friends of the far North-West, will, next year, welcome the Association in the warmest manner and with the happiest anticipations. We can testify to the very decided wish (we might almost term it *will*), that Detroit, Michigan, should be the next place of meeting—and which was finally so settled. Nashville, Tenn., contested the matter bravely.

This eagerness upon the point, clearly shows that the profession throughout the land feel the beneficial influence of the "American Medical Association."

During the latter half of the session, Dr. Storer, of this city, circulated among the members copies of the following stanzas, sent to him by Dr. O. W. Holmes, in expectation of a public entertainment being given. Having by no means been so generally seen as their beauty and appropriateness deserve, we give them, in this pleasant connection, by permission of their author.

A TRIPLE health to Friendship, Science, Art,
From heads and hands that own a common heart!
Each in its turn the others' willing slave;
Each in its season strong to heal and save.

Friendship's blind service, in the hour of need,
Wipes the pale face—and lets the victim bleed.
Science must stop to reason and explain;
ART claps his finger on the streaming vein.

But ART's brief memory fails the hand at last;
Then SCIENCE lifts the flambeau of the past.
When both their equal impotence deplore—
When Learning sighs, and Skill can do no more,
The tear of FRIENDSHIP pours its heavenly balm,
And soothes the pang no anodyne may calm!

May 1, 1855.

And thus, under the most favorable auspices, without and within, closed this, the eighth annual meeting—nothing wanting, not even the touch of poesy, to complete and preserve its agreeable reminiscences.

BLANCARD'S PILLS OF THE IODIDE OF IRON.

MESSRS. THEODORE METCALF & Co., No. 39 Tremont Street, have lately been appointed agents for the sale of the above form of this valuable preparation, for this city and all the New England States. We need not enumerate the advantages of this well-known remedy. First employed, medicinally, by Dr. Pierquin, in 1824, it has been used with distinguished success, since that time, on the European continent, and it was introduced to the profession in Great Britain by the late celebrated therapist, Dr. A. T. Thompson, in 1834. Professor Samuel Jackson, of Philadelphia, first employed it in this country in 1832.—(*U. S. Dispensatory*.) It has hitherto been mostly used in solution, on account of the difficulty of retaining it in pilular form. Prof. Bache directs it never to be given in pills, "its deliquescent property and proneness to decomposition" contra-indicating. In Edinburgh, Paris & Lyons, attempts were made, long since, to prepare it in pills, the salt being protected by saccharine matter. In our Dispensatory, however, it has even been suggested that "the solid iodide of iron might well be dispensed with in the Pharmacopœias."—(*Sixth Edition*, 1845.) Mr. Metcalf has sent us some of Blancard's pills, and we would advise all those practitioners who have not used or seen them, to examine and try them. In the words of the accompanying advertisement, they "are of a very small size, smooth, brilliant, and of a smell and appearance which cannot cause any unpleasant feeling to the patient." The taint of quackishness in no wise attaches to this preparation; it has had the sanction of the French Academy of Medicine, and the well-merited reputation of the Boston agents is, of itself, a sufficient guarantee in this respect. A decided test of the complete protection afforded by the coating of the salt as thus prepared, is given by the complete absence of tarnishing upon "the small seal of re-active silver," which is attached to the lower part of the cork of

each bottle of pills. In many cases, months have elapsed without showing the least stain, thus demonstrating the perfection of the process. Each pill contains one grain of the iodide of iron, and is covered with porphorized iron and balsam tolu.

MONSTROSITY.

AN interesting case of monstrosity is now on exhibition at Amory Hall, in this city. It consists of two female negro children, united by the sacra; the two bones appearing to be fused, throughout their entire length. The children are living, and are about three years old. They are in good health, and are as lively as most children at that age. So far as an opportunity was afforded us for examination there appeared to be one anus, and two meatus urinarii. We could not observe that there was any vagina. In other respects the children were perfect. Of course when one advances forwards, the other is compelled to walk backwards, but they can also execute a sideways movement, in an awkward manner. One child is somewhat larger than the other, and its pulse is slower than that of its fellow by several beats in the minute. In consequence perhaps of their position, there is much more individuality in the two children than is the case with the Siamese twins, who, as is well known, exhibit a remarkable consentaneousness in their movements and even thoughts, being, in this respect, almost like one individual, and being incapable of conversing with two separate persons. These children, on the contrary, converse, play and quarrel with each other, exactly as if they were not united by an indissoluble bond.

The mother of these children, a negress, exhibits the remarkable phenomenon of a gradual change of color, the pigmentum nigrum having almost wholly disappeared from the skin, though remaining in patches on the face and hands. This process appears to consist in an absorption of the pigmentum, without any other change in the texture of the skin.

Propagation of Infectious Disease.—We notice in a late number of the *Lancet* the following statement, made at a meeting of the Medical Society of London. It seems hardly possible that the effect should be produced by the alleged cause, but the subject is worthy of investigation.—“Dr. Routh mentioned a fact of some importance, as he thought, in respect to the spread of disease. About one hundred years since, an epidemic of smallpox had prevailed amongst the Indians at Quebec. It was most general and fatal, and the victims of the disease were buried in one cemetery. Lately the cemetery had been disturbed and opened to make improvements in the town. Smallpox immediately after made its appearance, commencing in the neighborhood of the cemetery, and spreading from thence throughout the city.

“Dr. Gibb, had knowledge of the fact mentioned, and was about to publish an account of the matter.”

Annual Meeting of the Connecticut State Medical Society.—This venerable Association, having adopted the plan of the Massachusetts Medical Society, in holding its annual meetings in different parts of the State, convened the present year at Norwich. The meeting took place on Wednesday of last week, the 9th inst., and was attended as usual by delegates from the several County Societies of the State—comprising many of the most prominent medical men of Connecticut. Prof. Knight, of New Haven, and other teachers in the Medical School of that city, honored and enlivened the meeting with their presence. The hospitality of the profession and

others in the city of Norwich, was extended most liberally and cheerfully to the fellows of the Society and their invited guests—among the latter of whom were some from the medical ranks of the neighboring States. The physicians of Connecticut, mostly natives of their own soil, always compare favorably with their medical brethren when they mingle with them abroad; and at this meeting it was shown that they can be equally successful in receiving and treating them at their own homes.

Boston Medical Association.—The annual meeting of this Association was held on Monday the 7th ult., when the following officers were elected. *Standing Committee*—Drs. Buck, Storer, Dale, Shurtleff and Williams. *Secretary*—Dr. Minot. On motion of Dr. Gordon, a Committee was appointed to consider the expediency of revising the fee-table, to report at an adjourned meeting, next Monday. This subject is one of importance, and we trust there will be a full attendance. Nine gentlemen have joined the Association since the last annual meeting; and four members are deceased.

Massachusetts Medical Society.—We would remind the members of this Society that the next annual meeting will be held in Springfield, on the last Wednesday in June, instead of May, as heretofore.

Medical Miscellany.—Prof. Sanford B. Hunt has become the proprietor and sole editor of the Buffalo Medical Journal; Prof. Austin Flint, the senior editor, and the founder of the Journal, retiring from its management. —Dr. E. R. Peaslee has again successfully performed the operation of ovariectomy. —The Ohio State Medical Society has passed a resolution, unanimously, that "it is not derogatory to the medical profession to hold patents for surgical and dental instruments"—thereby conflicting with the code of ethics of the American Medical Association. —The last number of the New Jersey Medical Reporter contains an interesting biographical memoir of Nathan S. Davis, M.D., now of Rush Medical College, Chicago, with a beautifully engraved portrait. —The "Stethoscope" Medical Journal, which has been published for the last year or two at Richmond, Va., under the direction of the Virginia State Medical Society, who are its proprietors, is to be sold at auction, by vote of the Society.

Pamphlets Received.—Improved Forceps for Hare lip Operations, &c.—Report on amending the existing Statute respecting Vaccination—"Senate"—Abstract of Returns of Criminal Cases tried before Justices of the Peace and Police Courts throughout the Commonwealth, for 1854.—Protracted Valvular Disease of the Heart.—Report of the Commissioners on Lunacy.

Several Communications have been received since our last issue.

MARRIED.—On the 9th inst., Dr. Tappan E. Francis to Helen, daughter of Dr. Samuel Shurtleff, both of Brookline. —At Thetford, Vt., 1st inst., Dr. Moses W. Kidder, of Boston, to Miss Frances M. Palmer. —In Waynesboro', Ga., 6th inst., J. A. Harlow, M.D., of that place, to Miss Mary E. Keegan, of Thomaston, Me.

DIED.—At Hartford, Ct., 8th inst., Dr. W. Hutchins Carter, aged 40.—On board ship Nor Wester, on the passage from Honolulu to Boston, Feb. 7th, of consumption, Dr. Cyrus B. Clark, of Mansfield.

Deaths in Boston for the week ending Saturday noon, May 12th, 78. Males, 41—females, 37. Accident, 1—asthma, 1—apoplexy, 1—burns, 1—congestion of the brain, 3—consumption, 16—convulsions, 5—croup, 3—cancer, 1—dysentery, 1—diarrhoea, 1—dropsy, 2—dropsy in the head, 5—debility, 1—infantile diseases, 4—puerperal, 1—hooping cough, 5—disease of the heart, 5—inflammation of the lungs, 3—marasmus, 1—mortification, 1—old age, 2—pleurisy, 1—premature birth, 1—palsy, 2—rheumatism, 1—smallpox, 7—teething, 2.

Under 5 years, 37—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 49—Ireland, 23—England, 1—Scotland, 1—British Provinces, 3—Flores, W. Isles, 1.

On Ulceration of the Frænum of the Tongue in Hooping Cough.—By Dr. GAMBERINI.—(*Annal. Univ. de Med.*, 1854, and *Archives Gen. de Med.*, *Fevrier*, 1855.)—The very frequent existence of little ulcers on the frænum of the tongue in hooping cough, has been noticed by two or three observers. Since 1844, Gamberini has looked for its presence in all the cases seen by him; he finds it generally, but not always, present, even in the most severe cases. The ulcer has seldom a round form; usually it lies transversely across, and cuts the frænum; it may be placed on the inferior surface of the tongue, near to, but not on, the frænum; it is never preceded by a vesicle, but commences at once as ulcer. Gamberini thinks this ulcer is produced mechanically, by the projection and laceration of the frænum against, and by, the teeth during the violent paroxysms of cough; it is in those cases in which the tongue, during the cough, is not carried against the teeth, but is retracted somewhat towards the pharynx, as sometimes happens, that the ulceration is absent. If the incisor teeth are of unequal height, the ulcer exists only, or is deepest, at the point where they project most. In one case in which the teeth had not appeared, there was no ulcer. In other cases of convulsive cough, Gamberini has not found the ulcer, but he does not regard this as militating against his explanation of its origin.—*Brit. & For. Medico-Chir. Rev.*

On the Absence of Typhus in the Tropics, and in the Southern half of the Earth.—By Dr. M——. (*Henle's Zeitschrift für Rat. Med.* 1854, *Band v.* p. 256.)—In an interesting paper, this anonymous writer passes in review the various evidences found in writers which show that the European typhus is unknown, or almost so, in the tropics and in the southern hemisphere. He appears to be extremely well read in English literature, and draws many of his illustrations from English authors. He has not even omitted the late observations on the occurrence of three cases of typhoid fever in Burmah, by Mr. Scriven (in *Medical Times and Gazette*, February, 1854); but he considers these to be doubtful. His conclusion is that "Typhus is a disease only of the northern temperate zone, and that its southern limit is the isothermal line of 72 deg. Fahrenheit; it does not occur in the southern temperate zone, or at any rate it is not endemic there."—*Ib.*

Substitute for Cod-Liver Oil.—At the last meeting of the Liverpool Chemists' Association, Mr. Mercer produced a sample of oil imported into that town under the name of Shark-liver oil. It possessed a peculiar interest in consequence of its low specific gravity. Until now, sperm oil, which has a specific gravity of .875, was the lightest oil known; but the specific gravity of shark oil was only .866. It came from Marseilles, and was stated to have been procured from sharks caught on the coast of Africa.—*London Lancet.*

Chloroform in Delirium Tremens.—In a case which had continued for two days when the patient was first seen, Mr. White found the extremities cold and a pulse of 60. The patient could not articulate in the least, nor even make a vocal sound. Notwithstanding the administration of laudanum and acetate of morphine, infusion of spearmint, etc., there had been no sleep for 48 hours, and vomiting was constant. The feet were warmed by bottles filled with hot water; sinapisms were placed upon the legs and abdomen; the head was shaven, and cold applications continually made to it. Subsequently Mr. W. gave 30 drops of chloroform in a teaspoonful of brandy, every two hours. After the third dose the patient slept for two hours, after four days of sleeplessness. Thirty drops more of chloroform were given, on his awaking, and with the good result of inducing sleep during a period of from six to eight hours, after which the restoration to health was rapid.—*Dublin Hospital Gazette, in Gazette Medicale de Paris, March, 1855.*

The Smallpox.—The Special Committee of the Legislature, of which Dr. C. H. Stedman is Chairman, to whom were referred the consideration of the expediency of amending the existing statute in respect to vaccination, have made their report, and propose "an Act to secure general vaccination." The report is an able document, and contains valuable information in regard to the terrible scourge which has swept so many millions of human beings into eternity. The Bill which accompanies the report, makes it compulsory on parents, guardians, overseers of charitable institutions, prisons, the select men of towns, and mayor and aldermen of cities, &c., to see that all persons who may come under their charge, are duly vaccinated; any neglect of this duty shall be punished by a fine of five dollars for each and every year of such neglect.—*Boston Daily Bee.*